

PREVAILED

Roll Call No. \_\_\_\_\_

FAILED

Ayes \_\_\_\_\_

WITHDRAWN

Noes \_\_\_\_\_

RULED OUT OF ORDER

## HOUSE MOTION \_\_\_\_\_

MR. SPEAKER:

I move that Engrossed Senate Bill 277 be amended to read as follows:

- 1 Page 3, between lines 25 and 26, begin a new paragraph and insert:
- 2 "SECTION 4. IC 27-13-36-9.5 IS ADDED TO THE INDIANA
- 3 CODE AS A NEW SECTION TO READ AS FOLLOWS
- 4 [EFFECTIVE JULY 1, 2002]: **Sec. 9.5. (a) Notwithstanding**
- 5 **IC 27-13-36.2, a provider who is not a participating provider and**
- 6 **who provides services, including emergency services, that a health**
- 7 **maintenance organization or a limited service health maintenance**
- 8 **organization is required to pay a nonparticipating provider, is**
- 9 **considered to have filed a proper and complete claim if the**
- 10 **provider submits the following information:**
- 11 (1) The name of the enrollee who received services.
- 12 (2) The address of the enrollee.
- 13 (3) The date of service.
- 14 (4) The Current Procedural Terminology (CPT) code.
- 15 (5) The International Classification of Diseases (ICD) disease
- 16 classification.
- 17 (6) The name and address of the provider.
- 18 (7) Information on the enrollee's benefit card that is specific
- 19 to the enrollee.
- 20 (8) Tax identification information of the provider.
- 21 (b) A claim for an evaluation and management code (as defined
- 22 by the latest edition of the Current Procedural Terminology
- 23 Manual) that meets the requirements under subsection (a) must be
- 24 paid to the provider not more than fourteen (14) days after the

- 1 claim is submitted.  
2 (c) If a claim is not for an evaluation and management code (as  
3 defined by the latest edition of the Current Procedural  
4 Terminology Manual), the health maintenance organization or the  
5 limited service health maintenance organization may require the  
6 provider to submit information in addition to the information  
7 required under subsection (a). However, the request for additional  
8 information under this subsection must be made not more than  
9 thirty (30) days after the provider has submitted a claim or the  
10 claim must be paid."  
11 Renumber all SECTIONS consecutively.  
(Reference is to ESB 277 as printed February 19, 2002.)

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Representative Brown T